Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series

SUBSTANCE ABUSE TREATMENT MANUAL

SUBCHAPTER NUMBER AND TITLE

6 SERVICE CODES AND DESCRIPTIONS

PAGE

6-1

TRANSMITTAL LETTER
SAT-14

DATE 01/01/05

601 Service Codes and Descriptions

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Code Modifier Service Description

Inpatient Services

H0010		Alcohol and/or drug services sub-acute detoxification (residential addiction program
		inpatient) (Level III-B) (under 21 only)
H0010	52	Alcohol and/or drug services sub-acute detoxification (residential addiction program
		inpatient) (reduced services) (Level III-C) (under 21 only)
H0011		Alcohol and/or drug services acute detoxification (residential addiction program
		inpatient) (Level III-A)

Methadone Services

H0020		Alcohol and/or drug services methadone administration and/or service (provision of the drug by a licensed program) (dose only visit)
H0020	TF	Alcohol and/or drug services methadone administration and/or service (provision of the drug by a licensed program) (intermediate level of care) (per 30-minute unit, two units maximum per session) (individual counseling)
H0020	HR	Alcohol and/or drug services methadone administration and/or service (provision of the drug by a licensed program) (family/couple with client present) (per 30-minute unit, two units maximum per session)
H0020	HQ	Alcohol and/or drug services methadone administration and/or service (provision of the drug by a licensed program) (group setting) (per 45-minute unit, two units maximum per session required)

Outpatient Services

two units maximum per session)

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90882	HF	Environmental intervention for medical management purposes on a psychiatric patient's
		behalf with agencies, employers, or institutions (substance abuse program) (case
		consultation) (per 30-minute unit two units maximum per session)
97810	HF	Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of
		personal one-on-one contact with the patient (substance abuse program) (I.C) (one unit
		maximum per session)
97811	HF	each additional 15 minutes of personal one-on-one contact with the patient,
		with re-insertion of needle(s) (substance abuse program) (I.C.) (three units
		maximum per session) (to be used in conjunction with 97810)
H0004		Behavioral health counseling and therapy, per 15 minutes (individual counseling) (four
		units maximum per session)
H0005		Alcohol and/or drug services group counseling by a clinician (per 45-minute unit) (two
		units maximum)
T1006		Alcohol and/or substance abuse services family/couple counseling (per 30-minute unit,
11000		Theoret and of successful action services family/couple counseling (per 50 initiate unit,

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DATE 01/01/05

601 Service Codes and Descriptions (cont.)

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Code Modifier Service Description

Enhanced Inpatient Detoxification Services for Pregnant Recipients

H0011 HD Alcohol and/or drug services acute detoxification (residential addiction program inpatient) (pregnant/parenting women's program) (Level III-A)

Intensive Outpatient Detoxification Services for Pregnant Recipients

H0004	HD	Behavioral health counseling and therapy, per 15 minutes (pregnant/parenting women's program) (individual) (four units maximum per day)
T1006	HD	Alcohol and/or substance abuse services family/couple counseling (pregnant/parenting women's program) (per 30-minute unit) (two units maximum per day)
H0005	HD	Alcohol and/or drug services group counseling by a clinician (pregnant/parenting women's
H0006	HD	program) (per 45-minute unit) (two units maximum per day) Alcohol and/or drug services case management (pregnant/parenting women's program) (per 15 minute unit) (four units maximum per day)

Day Treatment Program for Pregnant Recipients

H1005		Prenatal care, at-risk enhanced service package (includes H1001-H1004) (prenatal care, at-risk enhanced service antepartum management/care coordination/education/follow-up
H1005 I	HQ	home visit) (individual counseling) (per one hour unit, one unit maximum per day) Prenatal care, at-risk enhanced service package (includes H1001-H1004) (group setting) (prenatal care, at-risk enhanced service antepartum management/care coordination/education/follow-up home visit) (per four hour unit) (one unit maximum per day)